

# CERTIFICATE OF DEATH

STATE FILE NUMBER

20200006089

DECEASED NAME

**LINDA S COOLEY**

DATE OF BIRTH

**11/17/1953**

SEX

**FEMALE**

DATE OF DEATH

**01/30/2020**

PLACE OF DEATH

**NEWARK CITY**

COUNTY OF DEATH

**ESSEX**

RESIDENCE ADDRESS

**63 IRVING ST.**

SOCIAL SECURITY NUMBER

MUNICIPALITY OF RESIDENCE

**NEWARK CITY**

COUNTY OF RESIDENCE

**ESSEX**

DOMESTIC STATUS

**SINGLE/NEVER MARRIED**

MANNER OF DEATH: **NATURAL**

CAUSE OF DEATH:  
**BREAST CANCER**

DATE ISSUED: **JANUARY 31, 2020**

DATE FILED WITH REGISTRAR: **01/31/2020**

AMENDED DATE:

ISSUED BY:  
**Newark Vital Statistics**  
**Yvonne Stafford, Deputy Registrar**

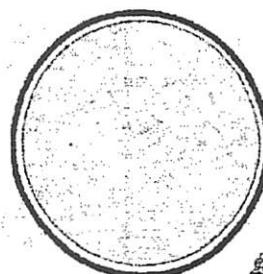
This is to certify that the above is correctly copied from a record on file in my office.

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REG-42A  
JUN 14



Vincent T. Arrisi  
State Registrar  
Office of Vital Statistics and Registry



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